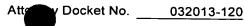
## **Rec'd PCT/PTO** 2.1 APR 2005





## COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	OESOPHAGEAL REFLUX	
on A	_ (if applicable).	_
(if applicable).	piii 2 1, 2000	
er(if applicable).	on	
	on A (if applicable).	(if applicable). on April 21, 2005 (if applicable). eron

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365(a) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNI 35 U.S.C. §§119, 172 or 3
PCT	PCT/FR2003/003122	10-21-2003	¥ Yes □ No
FRANCE	02/13113	10-21-2002	¥ Yes □ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

Application N	0
Att y Docket No.	032013-120

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

Customer Number 2 1 8 3 9

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR GIVEN NAME (first and middle (if any)) **FAMILY NAME OR SURNAME** Francois **SCHUTZE INVENTOR'S SIGNATURE** DATE RESIDENCE (City, State & Country) **CITIZENSHIP** 4, rue Charles Baudelaire F-78860 SAINT-NOM-LA-BRETECHE French France MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) 4, rue Charles Baudelaire F-78860 SAINT-NOM-LA-BRETECHE France NAME OF SECOND INVENTOR GIVEN NAME (first and middle (if any)) **FAMILY NAME OR SURNAME CHARBIT INVENTOR'S SIGNATURE** DATE RESIDENCE (City, State & Country) 10, rue Floris Osmond, F-94000 CRETEIL, France CITIZENSHIP French MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) 10, rue Florid Osmond, F-94000 CRETEIL, France NAME OF THIRD INVENTOR GIVEN NAME (first and middle (if any)) FAMILY NAME OR SURNAME Herve **FICHEUX** INVENTOR'S SIGNATURE DATE

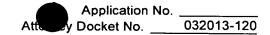
RESIDENCE (City, State & Country) 26bis, boulevard de Strasbourg F-94130 NOGENT-SUR-MARNE, France

26bis, boulevard de Strasbourg F-94130 NOGENT-SUR-MARNE, France

MAILING ADDRESS (Complete Street Address including City, State, Zip & Country)

CITIZENSHIP

French



	<del></del>					
NAME OF FOURTH INVENTOR						
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNAME					
Michel	HOMERIN					
INVENTOR'S SIGNATURE	DATE					
RESIDENCE (City, State & Country)		CITIZENSHIP				
9 Villa des Roseraies		OTTELNSTIF				
F-91080 COURCOURONNES, France		French				
MAILING ADDRESS (Complete Street Address including City, State 9, Villa des Roseraies, F-91080 COURCOURONNES, France	e, Zip & Country)					
NAME OF FIFTH INVENTOR						
GIVEN NAME (first and middle (if any))	ME					
Alain	TA	CCOEN				
INVENTOR'S SIGNATURE		DATE				
RESIDENCE (City, State & Country)		CITIZENSHIP				
9, Avenue de Villiers, F-78150 LE CHENAY, France		French				
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country) 9, Avenue de Villiers, F-78150 LE CHESNAY, France						
NAME OF SIXTH INVENTOR						
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNA	ME				
Yoshio		NABA				
INVENTOR'S SIGNATURE		DATE				
RESIDENCE (City, State & Country)		CITIZENSHIP				
2-2-6 Nihonbashi-Honcho, Chuo-Ku, Tokyo 103-8405, Japan		Japanese				
MAILING ADDRESS (Complete Street Address including City, State	e, Zip & Country)					
2-2-6 Nihonbashi-Honcho, Chuo-Ku7, Tokyo 103-8405, Japan						
NAME OF SEVENTH INVENTOR						
GIVEN NAME (first and middle (if any))	FAMILY NAME OR SURNA	ME				
INVENTOR'S SIGNATURE		DATE				
RESIDENCE (City, State & Country)	<u> </u>	CITIZENSHIP				
MAILING ADDRESS (Complete Street Address including City, State, Zip & Country)						